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FROM: Michael R. Ward
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Number of pages with cover page:	7	
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Re: U.S. Patent Application Serial No. 10/519,121
 For: METHODS FOR MEASURING RATES OF REVERSE CHOLESTEROL
 TRANSPORT IN VIVO, AS AN INDEX OF ANTI-ATHEROGENESIS
 Inventor: Marc K. HELLERSTEIN
 Filed: December 23, 2004
 Art Unit: Not Yet Assigned
 Examiner: Not Yet Assigned
 Our Reference: 416272003900

ATTACHED DOCUMENTS:

1. Transmittal (1 page)
2. Second Preliminary Amendment (3 pages)
3. Declaration (Corrected to include priority information) (2 pages)

COMMENTS: Please see attached documents. Thank you.

sf-1891451

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>		Application Number	10/519,121
		Filing Date	December 23, 2004
		First Named Inventor	Marc K. HELLERSTEIN
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages In This Submission	6	Attorney Docket Number	416272003900

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (3 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ol style="list-style-type: none"> 1. Declaration (Corrected to include priority information) - 2 pages 2. Facsimile Cover Sheet, not included in this page count
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 20872) Michael R. Ward - Reg. No. 38,651
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Date	6-10-05

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